

ORIGINAL ARTICLE

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON AWARENESS AND PERCEPTION REGARDING FEMALE FOETICIDE AMONG PREGNANT WOMEN ATTENDING ANC OPD

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ABSTRACT:

Introduction: Globalization and modernization made people more fast and forward but the man still follows male female discrimination. Science is a gift for mankind. It has increased the life expectancy of a man but the misuse of the same science in female foeticide has been committed by using the modern technology. ¹Because of the lack of awareness and some perceived barriers this has been practiced much in both rural and urban areas. So it is necessary to think about female foeticide issue and education to the antenatal mothers is a prime responsibility of the nurses therefore the researcher felt the need to conduct the study on evaluating the effectiveness of planned teaching programme on female foeticide for antenatal mothers. **Objective:** to evaluate the effectiveness of planned teaching programme on awareness and perception of pregnant women regarding female foeticide. **Methodology:** Simple random sampling technique was used to select 60 pregnant women attending ANC OPD. Structured awareness questionnaire and five point likert scale were used to assess the awareness and perception of pregnant women. Planned teaching programme was administered on the same day after pretest and after 7 days post test was done. **Results:** Data obtained were tabulated and analyzed in terms of objectives of the study using descriptive and inferential statistics the finding of the study showed that mean pretest 14.50 ±3.70 of awareness increased in mean post test 26.53±1.40 and mean pretest 111.75±9.99 of perception of pregnant women is increased in means post test 129.8±13.38 after intervention of planned teaching programme. It showed that the planned teaching programme was effective in this study.

Key words Effectiveness; Evaluate; Planned teaching programme; awareness and perception; female foeticide; registered pregnant women.

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INTRODUCTION

The CIA estimates that the current worldwide sex ratio at birth is 107 boys and 100 girls. In 2010, the world sex ratio was 986 girls per 1000 boys and it got reduced to 984 in 2011. In Asian countries the estimated overall male and female sex ratio from 1950 to 2005 are: India- 107.5:100, Bangladesh-104.9:100, China-106.8:100 and Pakistan-106.00:100.¹ this data shows that the females are declining from the Asian countries.¹

In Indian culture, men and woman are considered as an important asset of social and family setup. To set a healthy society, male-female ratio is very important and crucial. As per the population norms, the number of male and female ratio should be equal. But it is estimated that female foeticide is one of the important reason for declining female sex ratio from the Indian society. The declining sex ratio in the country has sent shockwaves across all section of society. Female foeticide is the act of aborting female fetus after detecting the gender of the unborn child either by safe or by unsafe method.³ After

conception the women who desire son will visit various private medical practitioners for sex determination and they undergo USG or amniocentesis and if they found the growing fetus is female they seek to abort it because of son preference.²

Though the new development in medical technology has helped to improve health care for millions of people, the modern prenatal diagnostic techniques which are used for determining the fetal abnormalities are now being misused to detect the sex of the growing fetus in the mother's womb and are often followed by selective induced abortions when the results declared that the fetus is a female.⁷ The human development survey report shows that India is placed 124th position out of 173 countries in respects of male female sex ratio. Out of most affected states in India one is Karnataka and now sex ratio of district Belgaum is 940 girls per 1000 boys.²

There are several explanations for the decreased sex ratio; one of the important reasons might be a female foeticide. The practice of female foeticide is a notion of gender discrimination which involves the son preference in India; the reasons are economic, social, and religious beliefs.

Girls are considered the "Parayadhan" and burden of the "dowry" while the son is considered as the symbol of power, prestige, property and social security. Moreover it is believed that in Hindu religion only son is supposed to do the funeral ceremony.³

Health care professionals have great tasks in front of them to change mindset of society, to create a socio-cultural environment which is supportive for girls children survival and monitor the activities of society, who are seeking for male child then only will be able to help in minimizing the declining male female ratio and sex selective abortion resulting into deficit of girls /women.³

OBJECTIVES OF THE STUDY

1. To assess the awareness and perception regarding female foeticide among pregnant women.
2. To evaluate the effectiveness of Planned Teaching Programme on awareness and perception regarding female foeticide among pregnant women
3. To find out the association between the awareness and perception regarding female foeticide with demographic variables among pregnant women

METHODOLOGY

Study design: pre-experimental one group pretest post test

Research approach: evaluative

Sample: first time registered pregnant women.

Tools: structured awareness questionnaire and structured perception questionnaire (five point likert scale).

Sample size: 60

Setting: ANC OPD KLE'S Dr. Prabhakar Kore Hospital and MRC, Belgaum, Karnataka

Duration: Month of Jan. 2014.

Inclusion criteria: first time registered pregnant women attending ANC OPD of K.L.E.S Dr. Prabhakar Kore Hospital and MRC Belgaum, Karnataka.

Exclusion criteria: Already/ previously registered., Below 18 years, Widow and unwed pregnant women.

RESULTS:

Frequency and percentage distribution of socio demographic variables

Total age group was 15(25%) of pregnant women belongs to 23-24 years. About 40(66.67%) of pregnant women finished 3years or less years of their married life. About 34(56.67%) do not have any children and 36.67% have one child. Total 33(55%) of pregnant women are primi-gravida and 27(45%) of pregnant women are multi-gravida. About 20(33.33%) pregnant women are their under graduation level of education. Out of 60 pregnant women 51(85%) were house wives Total of 52(86.67%) pregnant women belongs to Hindu religion Total 22(36.67%) of pregnant women have Rs<2000 monthly family income and 11(18.33%) had Rs 2001 to Rs 4000. About 38(63.33%) of pregnant women belongs to joint family About 32(53.33%) of pregnant women are from rural area.

Table 1 reveals that out of 60 pregnant women in pretest 38(60.33%) of pregnant women have average awareness and 10(10.67%) have poor awareness scores towards female foeticide. But after planned teaching programme (post-test) all 60(100%) of pregnant women have good awareness towards female foeticide.

Table 1: Distribution of awareness scores among pregnant women regarding female foeticide

Awareness score	Pretest		Post test	
	Frequency	Percentage	Frequency	Percentage
Good (>18) ($\bar{X} + SD$)	12	20%	60	100%
Average (11-17) ($\bar{X} - SD$) to ($\bar{X} + SD$)	38	60.33%	-	-
Poor (<11) ($\bar{X} - SD$)	10	10.67%	-	-

Table 2: Distribution of perception scores among pregnant women regarding female foeticide. (n=60)

Level of perception	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
positive perception (>122) ($\bar{X} + SD$)	9	15.0	49	81.7
moderate perception (102-122) ($\bar{X} - SD$) to ($\bar{X} + SD$)	39	65.0	8	13.3
Negative (<102) ($\bar{X} - SD$)	12	20.0	3	5.0

Table 2 Reveals that, out of 60 pregnant women in the pretest 9(15%) of them had positive perception scores towards the female foeticide and 39(65%) had neutral perception scores But after planned teaching programme (post test) 49(81.7%) pregnant women had positive perception scores and 3(5%) had negative perception scores. This showed that the planned teaching programme was effective.

Table 3: Comparison of pretest and posttest awareness scores by paired ‘t’ test about female foeticide. (n=60)

Mean difference	Standard difference	Paired ‘t’ test		P value
		Calculated	Tabulated	
12.03	4.03	23.1565	1.960	0.00001*

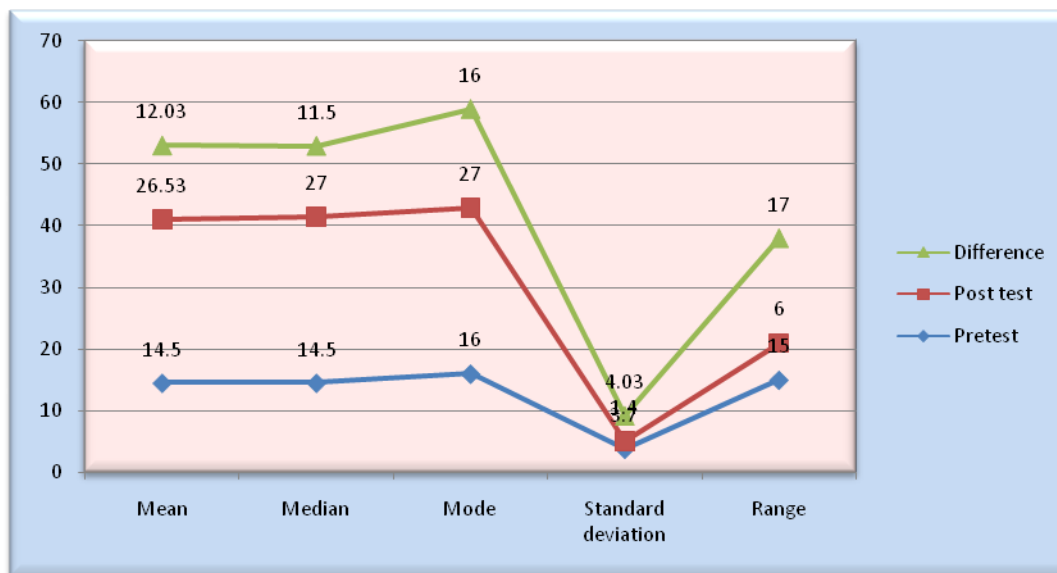
Table 4: Comparison of pretest and posttest perception scores by paired ‘t’ test about female foeticide. (n=60)

Mean difference	Standard difference	Paired ‘t’ test		P value
		Calculated	Tabulated	
18.05	3.39	11.095	1.960	0.00001*

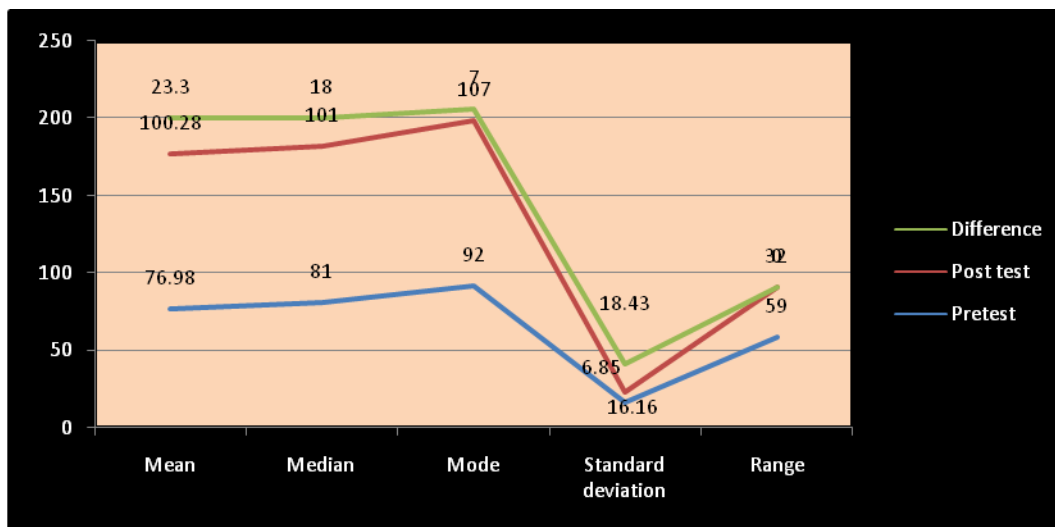
Table 6 & 7 result reveals that a significant difference was observed between pretest and post test awareness and perception scores at 5% level of significance. It means that the calculated value of awareness score was ‘t’=23.1565 perception score of calculated ‘t’= 11.095 is greater than tabulated value ‘t’=1.96 with df=59. In other words the planned teaching programme is effective to increase the

awareness towards female foeticide of pregnant women. Hence hypothesis (H₁) is accepted.

There is no significant association between pretest level of awareness and socio demographic variables of the pregnant women except monthly family income, in perception and socio demographic variables place of residence and number of children was statistically significant association was seen at (p<0.05*).



Graph 1: Line graph showing Mean, Median, Mode, Standard deviation and Range of pregnant women according to pretest and post test awareness scores and its difference.



Graph 2: Line graph showing Mean, Median, Mode, Standard deviation and Range of pregnant women according to pretest and post test perception scores and its difference.

DISCUSSION:

In the present study pregnant women 53.33% were from rural area while 46.67% pregnant women were from urban area. Similar findings were found in the study done by Kansal R, Khan AM, Bansal R, Parashar P. the findings showed that 71.9% pregnant women belonged to the rural area and 28.1% pregnant women belonged to urban area.⁷

In the present study average awareness score was 60.33% and 20% had good awareness score only 10.67% had poor awareness scores regarding female foeticide. Similar study findings were found in the study done by Christian D, Sonaliya KN, Garsondiya J.⁸

Regarding the perception scores pregnant women 70% had average perception scores, 20% poor perception scores and 10% had good perception scores on the topic of female foeticide. Similar study findings were found in the study done by Christian D, Sonaliya KN, Garsondiya J.⁸

While assessing the effectiveness of planned teaching programme on female foeticide, the pre and post test data analysis on awareness scores revealed that mean post test awareness score (26.53±1.40) was higher than the mean pretest awareness score (12.03±4.03), Paired ‘t’ test calculated value 23.1565 and tabulated value was 1.960 at (p< 0.00001). Similar findings were found in the study done by Rathod S. The mean post test knowledge score (37.12 ±4.32) was higher than mean pretest knowledge score (17.76± 4.32) paired ‘t’ test calculated value 8.32 and tabulated value 2.0096 was at (p<0.05).⁸

In the present study the association between levels of pretest awareness and socio demographic variables by Chi square test. The study findings showed that there was no significant association between age, duration of married life, number of children, parity, and educational status of the women, occupation, and type of religion, types of family and place of residence. Similar findings found the

study done by Rathod S. The demographic variables age, type of religion, type of family, and place of residence showed there was no significant association. Contrast to present study finding showed by Aithal UB place of residence variable urban area showed there was no significant association whereas rural area showed significant association.⁹

In this study findings regarding association between pretest perception and educational status demographic variables showed there was no statistically significantly association. The study finding was contrast to our study which was done by Srivastava S, Kariwal P, Kapilasrami MC. Literacy variable showed there was significant association.¹⁰

CONCLUSION:

There was significant increase in the awareness and perception score of pregnant women after administration of the planned teaching programme. In this present study it was concluded that the planned teaching programme was effective teaching method in improving the awareness and perception scores of pregnant women.

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